

'Lifting Mind, Body and Spirit'

*A Celebration of Women
in the State of Washington*

11 a.m. - 2 p.m.

Wednesday, February 14, 2001

Department of Labor & Industries
7273 Linderson Way SW, Tumwater

- ♥ Health And Wellness
- ♥ Financial Planning
- ♥ Career Opportunities
- ♥ Resource Information

Guest Speakers beginning at 11:30 a.m.

Christine Gregoire, Attorney General

Marilyn McCabe-Love, Department Of Personnel



The L&I auditorium will be filled with information and fun. There will be historical exhibits, the compelling ICSEW domestic violence display and neck and shoulder massages (for a small fee).

A silent auction of donated items will be held to help fund next year's "Lifting Mind, Body and Spirit."

Admission is FREE: Donations of nonperishable food and women's products for the YWCA's "Other Bank" are encouraged.

Nontraditional Conference in Edmonds February 5-6

Strategies that work for successful female recruitment, retention and job placement in nontraditional high wage training programs is the focus of the 2001 Washington Statewide Nontraditional Conference. Scheduled for February 5 (noon to 6 p.m.) and February 6 (8:30 a.m. until 3:30 p.m.), the conference will be at the Edmonds Community College, Triton Union Building 202.

This conference is for educators in both the K-12 and the Community & Technical College system, including counselors, advisors, program coordinators, and educational planners. Also, those working in Tech Prep, Running Start, Worker Retraining, WorkFirst, Displaced Homemakers, Women's Centers, Apprenticeship projects, and Vocational Training Programs will find this conference very valuable.

The registration form and fee of \$50 are due by **January 10**. You can get the form and more detailed information from the Web at: www.edcc.edu/nontrad/events.htm. You can also call Amy Kuo-Kealoha at (425) 640-1467 or Cheryl Krueger at (425) 640-1156.

Participating agencies include State Board for Community and Technical Colleges, Center for Wash-

ington Nontraditional Training and Employment at Edmonds Community College and Community Colleges of Spokane, Office of Superintendent of Public Instruction and the Advisory Committee from Bellevue Community College, City of Seattle/Youth Employment Program, Employment Security Department/Work Source, LaserGrade, State Department of Labor & Industries, Renton Technical College, Puget Sound Skills Gap Consortium, and USDOL/Women Bureau.

Workshops will include:

- Apprenticeship: training + high wage + high skills.
- High tech & high wage – How to get there?
- Statistics and trends on women in nontrad labor.
- College nontraditional high wage training programs that are currently recruiting for students.
- How to work with different "partnership" to reach the recruitment goal, students/clients retention, or job placement in nontraditional careers?
- Roles of WorkFirst, Worker Retraining, Displaced homemak-

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Using an Antidepressant to Treat PDD?

By Donna Lynch

After seeing a commercial on TV advertising a new drug to help treat premenstrual dysphoric disorder (PDD), I was curious and went to the website (www.sarafem.com) to get more information.

Come to find out, Eli Lilly received FDA approval last summer to market Sarafem for use among women with severe PMS, also known as PDD. Sarafem actually contains the same active ingredient as the popular antidepressant Prozac (fluoxetine hydrochloride).

My initial reaction was one of suspicion. I could understand how it might help the mood swings and depression. But, how could using an antidepressant treat a condition with very real physical symptoms? I was not alone, one website I looked at said the following:

"Fortunately, relief can be found, **surprisingly enough**, in the form of a type of antidepressant drug. Prozac is an example of a drug in this category, known as selective serotonin reuptake inhibitors, or SSRIs."

The website mentioned above is a good place to start researching if you suffer from PMS/PDD. It asks several questions, and then it suggests you print out your responses to take and share with your personal physician. If you don't have access to the Web, you can answer the following questions and take this article with you to your next appointment. The Sarafem website

asks the following questions:

Think about how you feel the week before your period...

Are you bothered by:

- Irritability
- Tension
- Sensitivity
- Sadness
- Feeling overwhelmed
- Sudden mood changes for no reason
- Tiredness
- Bloating
- Food cravings
- Breast tenderness

Do these symptoms cause problems with your:

- Work
- School
- Social activities
- Relationships (family / friends / etc.)

Do these problems go away soon after your period starts?

- Yes
- No

In a recent study of over 900 patients, those on SSRIs were nearly seven times as likely to report relief as those on a placebo. The study showed that SSRIs are effective for both physical and behavioral symptoms associated with PMS.

I also found an article at www.webMD.com about the use of St. John's wort to treat PMS. Here are

some excerpts from that article.

St. John's wort mimics the activity of drugs used to treat depression and PMS. Researchers studied volunteers, all of whom had PMS severe enough to affect their daily functioning for more than six months. For two menstrual cycles, each woman took one 300 milligram tablet of St. John's wort daily and maintained a diary in which she rated her symptoms on a scale of zero to four.

Of the 96 women who underwent preliminary screening, only 19 completed the entire study and were included in the final analysis. Their symptom ratings improved by about 50%. Scores on tests of anxiety and depression also dropped significantly after the first month on St. John's wort. Five women complained of nausea, constipation, gas, dizziness, or heavy menstrual flow when they began taking the pills, but those effects

disappeared with continued use in all cases.

There are many things women can do to relieve their symptoms. Recommended are exercise, a diet low in salt and sweets and a mild diuretic only on the days a woman feels bloated. Celery and asparagus are also good natural diuretics, as are certain herbal teas.

Because herbs have not yet been well studied and because interactions of herbs with other drugs are now being reported, it is best for women to inform their physicians of all herbal, over-the-counter, and prescription drugs they are taking.

In summary, remember to **always check with your personal physician** before starting any new drug, even herbal ones. Nowadays with medical information available through the Internet, it's all too easy to self-diagnose our medical problems. Take advantage of your doctor's education and experience and make her/him a partner in your journey to improved health and happiness.



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House Bill 6767 to Review Funding of Administrative Assistant Series

This session House Bill 6767 will give legislators the opportunity to approve or deny funding for position reallocations following a class study of the administrative assistant series. The class study determined that the administrative assistant series should be abolished due to the fact that the series was being used as a catch-all job title for tasks ranging from routine secretarial tasks to budget and office management.

New job titles were established to accurately describe and compensate administrative assistants for the work actually performed. For example, some positions that used to be AA 1's became a secretary supervisor or secretary senior, and other positions such as AA 2's became technical program coordinators. Determinations for relocations were made on case-by-case basis, and by desk audits.

Administrative assistant positions that were approved for reallocation will be under compensated if the legislature denies funding. This will be the case even though desk audits have determined they should be reallocated. As an example, an AA 2 who supervises at salary range 35, has been reallocated to an administrative assistant supervisor, range 42.

If not funded, the AA 2 will remain at range 35, even though there are secretary supervisors (some of which are former administrative assistants) already being compensated at salary range 40; due to the fact that their reallocations did not require approval by the legislature.

Agency heads, managers and human resource professionals should be asking and projecting what will happen to the career ladder within state government if employees begin to

promote financially into positions that are less challenging occupationally?

Do you know where your personnel manger, agency director and executive management team stand on this issue? Do they support the reallocation? If so, have they communicated their position to their agency and constituents? If they don't support the reallocations, what are their reasons?

Technology and staff reductions continue to evolve, eliminate, or increase the complexity of tasks. The administrative duties, as with other occupations which have been reviewed, revised, and compensated accordingly, should follow suit. Engineering and chemistry are good examples of occupations where computers have revolutionized job tasks.

This is an important issue for state employed women and ICSEW. If the

Continued on page 3

Letters to the Editor

Thank you for the wonderful Nov-Dec InterAct. It is always thought-provoking and this issue is no exception.

I want to register strong exception to part of the article on depression by Lou Tice. Although I agree with looking for the positive side of any event or condition, this article unnecessarily points a finger back to the person with depression. He suggests: "Don't waste time blaming yourself - just see how you neglected to take responsibility for your actions or feelings." Non-sense.

Depression can be caused by a chemical (serotonin) imbalance, stress, tragic events, or any combination of these. It may well have nothing to do with taking "responsibility for actions or feelings" and, in fact, I can assure you that some depressed people take more than their share of responsibility for such things! The still-widespread belief that depression can be controlled by its "owner" is one of the things that keep "responsible" individuals from seeking timely, qualified medical care.

We certainly don't expect people with chest pains, cancer, or migraine headaches to "take responsibility" for their actions before they've gotten medical care for their condition. Following that, of course, they may be offered suggestions about exercise or diet, but the medical care aspect comes first for these medical conditions. Depression is a medical condition too. It's time to view it that way.

**Vicki Biscay
Attorney General's Office**

I just got done reading the November/December 2000 issue of InterAct. Usually it takes me several days to read it, after it is sent to us. But today, something caught my eye.

I wanted to say that I think it is great that you printed an article on sleep apnea. There may be someone out there that needs information on this.

Yesterday morning, Nov. 30, 2000, I was diagnosed with sleep apnea.

I knew I probably had sleep apnea but didn't realize the impact it had made on my life. Until recently, I was just going along with all the problems I was having, when my sister (who works in a sleep clinic in another city) convinced me to see my doctor.

I was amazed to find out that all these things were causes of my sleep-breathing problems: Headaches, dry mouth, long term memory problems, weakness in legs and arms, rising blood pressure, fatigue, weight problems, heartburn, waking up many times in the night, and confusion.

There may even be more medical problems, I don't know about or I'm not aware of.

I look forward to correcting a lot of these problems and being able to have a much better life.

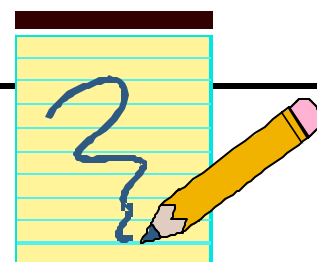
Thank you again for printing the article on sleep apnea and I hope it helps someone out there that is unaware of this medical problem.

**Cheryl Marks
CTED**

(Editor's Note from Janet McTurnal, Health Care and Wellness Committee Chair: We did try to limit the article to the most common type of sleep apnea to keep it fairly short, but there is definitely more than one type and there are certainly many, many causes. And I'm glad she also, as we did, emphasized the need for the reader to check with their personal physician if symptoms are apparent. It's really nice to know people are reading the articles, and benefiting from them.)

Your sleep apnea article was very interesting and covered all the common causes and symptoms of apnea. However, readers should be informed that not all types of sleep apnea are a result of obesity or of the brain not sending the appropriate signals to initiate respiration. If someone suspects sleep apnea they definitely need to consult their physician but they also

need to educate themselves about the condition.



Recently a family member who had been diagnosed with sleep apnea several years ago was diagnosed with acromegaly. This person had undergone surgery to correct sleep apnea and continued to use the CPAP machine with only a small reduction of apnea. In this case, the diagnosis was assumed to be obstructive and the patients profile or symptoms were not considered as a whole.

In fact the patient had a rare condition that was a contributing factor in the apnea. That condition is acromegaly or gigantism. It is not common in the general population. In the affected population 80% are women and 20% are men. This condition is caused by an over-secretion of growth hormone by a tumor attached to the pituitary gland. In this case, surgery was done to remove the tumor and the person is now back at work. This person is now living with and will continue to live with the consequences of a missed diagnosis for the remainder of their life.

I would like to stress again that anyone who has sleep apnea needs to learn as much as possible about the condition and its causes. They need to take a look at all their health issues. Do they have Type II diabetes and not fit the profile? Do they have arthritis type pain? Do they have sleep apnea and, again, not fit the profile. Only by educating themselves will they protect themselves or a loved one. Please discuss all health symptoms with their physician and insist that the whole person be considered.

Please continue to publish articles such as this one. We need all the information we can get to "be all we can be" in our work and home lives. Thank you.

Anonymous, Department of Health

Giving the Gift of Life - Literally

By Lydia Cabeza
Department of Ecology
Last May my family found out that my brother and only sibling, Wesley Blalock, had chronic mylogenous leukemia. The doctors told him that, without a bone marrow transplant, he might have three years to live.

Fortunately, I was a match for him and we proceeded with a stem-cell transplant, which is slightly different from a bone-marrow transplant. The transplant was done in September, and he is recuperating at a remarkable rate. We are told this is because he was otherwise in excellent health and his donor was an almost identical match. (What would have made us a better match was if I was an identical twin, or if I was a male and had the same blood type.)

He has not had any complications during his recovery, and he was able to go home to Idaho in time for Christmas, leukemia free! He found out in early November that the chromosome responsible for creating the mutant leukemia gene was nowhere to be found in is blood system. Naturally, this was great news for our family, and while he's not totally out of the woods yet, he is stepping in the right direction.

To watch him go through this has been difficult.

It is easy to sit here and say that he is doing so well compared to cancer patients who are undergoing chemotherapy. But when I stayed with him last October for a week to be his caregiver while his wife went home to Idaho to take care of some business, my eyes were opened up to his day-to-



day reality. He didn't mind the hair loss, because he was used to the annual "buzz cuts" our dad gave him when we were growing up in Texas, and he had gone through basic training when he was 18. But I witnessed the daily vomiting, extreme tiredness, fits of anger or deep emotion, change in vision, lack of concentration, required 96 ounces of fluids per day, mandatory record of every single food or drink item consumed, and multiple and changing medications. These things were hard for him to deal with because, for the most part, they were out of his control.

He couldn't remember the last time he had a really good day, and it was hard for him to imagine what it would feel like to be healthy again.

What he wanted wasn't out of the ordinary. He simply wanted to be able to read a card that someone sent him without having someone else read it to him or waiting until he can focus enough to read it himself. He wanted to be able to eat and drink what he wanted, when he wanted, without the fear of it coming back up again. He wanted to be able to go on a long walk or play with his daughter at a playground without being so tired and having to quit. He wanted to go back to work as a teacher, making a difference in someone else's life. **And I wanted those things for him, too.**

Thankfully he was healthy enough to return to work part-time right after New Years. His strength is slowly returning, and I believe that returning home to Idaho and going back to work are the next phases in his physical and emotional recovery.

Even though I have been on the Puget Sound Bone Marrow Registry for almost 10 years, **I never anticipated having to go through the process for my own brother.** Let me tell you, it presents a whole different mindset because of the emotional connection to the process and outcome.

In talking with people who have friends or family members going through cancer treatment, I have come to realize the importance of organ and/or tissue donation. It was lucky that I was a match for my brother because many more people are not that fortunate. I met people who had waited for months and years to find a matching donor so they could begin treatment. This strengthened my resolve to be an organ donor — now and after I have left my physical body behind on this earth.

I have been humbled by what I have seen at the Fred Hutchinson Cancer Research Center (FHCRC) in Seattle. The staff members are some of the most compassionate individuals I've ever met. People come from all over the United States for cancer treatment, and I can certainly see why. The center is the best in the nation, especially in treating leukemia.

It was quite humbling, often depressing, and sometimes encouraging to see the strength demonstrated by friends and family members of the cancer patients. My family has been extremely lucky that everything has gone well for my brother, but we had perspective by seeing the opposite case too many times.

The FHCRC has been doing stem-cell transplants as an alternative to bone marrow transplants for about five years. The participation for the donor is quite different, and the results



Lydia and Wesley
for the patient are about the same. Prior to either process, both the donor and patient go through a series of tests to ensure they are both healthy enough to withstand the process. **This process is still considered experimental,** so Wesley and I are part of a control group.

For a bone marrow transplant, the hospital anesthetizes the donor and extracts bone marrow directly out of the hip bones. Approximately 200 syringes are inserted into each buttock, and the actual marrow, which contains mature blood cells, is extracted. This is quite invasive to the donor and leaves the donor with a sore backside or lower back for days.

The stem-cell transplant is quite different. The donor begins the process by receiving three injections of a growth hormone into the stomach or upper arms for five consecutive days. This hormone stimulates your body to produce lots of immature blood cells that will eventually be harvested to give to the patient.

On the fifth day, the donor lies on a bed with intravenous needles in each arm. One IV tube takes blood out of the donor, where it is put through a fascinating array of machinery that extracts the white blood cells. The remaining blood is then returned to the donor. The process is called apheresis, and it takes about an hour and a half.

That is what happens to a typical donor. **I, however, turned out to not be a typical donor.** Due to severe difficulty in getting blood from the veins in my arms, I had to have a catheter surgically inserted into my collarbone area. This catheter had two tubes sticking out of it that they could use to take blood samples from every day, and to do the actual apheresis. The average donor will have an increase of blood cells up to around 90,000, but my count went to almost 400,000!

This was both a good thing and a bad thing. The good news is that I had plenty of cells to give to my brother and enough to donate cells for research. The bad news about manufacturing cells so prolifically is that I was in incredible pain for several days. The pain was in my bones since that is where the cells were growing, and there was nothing that would alleviate it. Now that time has passed, it is hard to remember the discomfort. In any case, it was worth every second.

Would I go through this process again? In a heartbeat!

At first I didn't think I could even consider it. But then one day when I was at the FHCRC and saw a young child that was going through chemotherapy in preparation for a transplant. I heard her parents talk about how it had taken almost a year to find an unrelated bone-marrow donor and that this could be her last chance to be rid of the cancer.

At that moment, I decided to keep my name on the registry. **What are a few days of pain and discomfort in the face of possibly saving a life?**

For more information about the FHCRC or about organ/tissue donation, check out these two Websites. The FHCRC can be found at www.fhcr.org

For information about organ/tissue donations, the National Transplant Assistance Fund can be found at www.transplantfund.org

Women Make Way Into Corporate Ranks

Women are slowly making their way into the corporate ranks at Fortune 500 companies, according to a survey released in November 2000 by a women's advocacy group.

The study by the New York-based Catalyst found that 1,622 women are among the 12,945 corporate officers in the nation's 500 largest companies, or 12.5 percent.

That's up from 11.9 percent last year and 8.7 percent in 1995.

House Bill 6767 to Review Funding

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funding is denied, then those who remain administrative assistants will not receive compensation increases for working at tasks that have already been determined to be beyond or outside of the scope of the administrative series. Education and awareness about these sorts of issues is critical. As long as

"women's work" continues to be thought of or even informally recognized as such, let's at the very least have it recognized in ways that are practical and meaningful such as due compensation. Please visit DOP's site for more information at www.wa.gov/dop/geninfo/admin.htm



Calendar of Events

- ICSEW General Membership MeetingJanuary 9
- King's Birthday ObservanceJanuary 15
- Groundhog DayFebruary 2
- St. Valentine's DayFebruary 14
- ICSEW Executive Board MeetingFebruary 14
- Presidents' DayFebruary 19
- ICSEW General Membership MeetingMarch 13

Washington State
Domestic Violence Hotline
1-800-562-6025

'Lather Up for Good Health'

By Connie Clark

February is National Children's Dental Health Month with a central focus on promoting good oral health for all. One important step for overall good health and an integral part of oral health is handwashing. Handwashing is a microscopic step in infection control before you put your hands in your mouth.

The Washington State Public Health Association, the Washington State Dental Association and the Washington State Dental Hygienists Association plus many others health care organizations promote the "Lather Up for Good Health" campaign.

Lather Up for Good Health

When?

Before:

- Touching or serving food
- Treating a wound
- Handling contact lenses
- Caring for someone sick
- Brushing/flossing your teeth & gums

After:

- Using or helping someone use the toilet
- Diaper a baby

- Coughing or sneezing
 - Caring for a sick child
 - Wiping anyone's nose
 - Being out in public
 - Playing with pets
 - Handling raw meat, poultry, fish
 - Handling garbage
 - Brushing & flossing your teeth
- How?**
1. Use warm running water and soap.
 2. Lather up for 20 seconds...rub lather all over hand, in between fingers & under nails.
 3. Rinse well and dry your hands.
- Wash your hand the right way at the right times!!

Foundation, the Washington State Dental Association will kickoff a Three-Point Play for Oral Health and Safety.

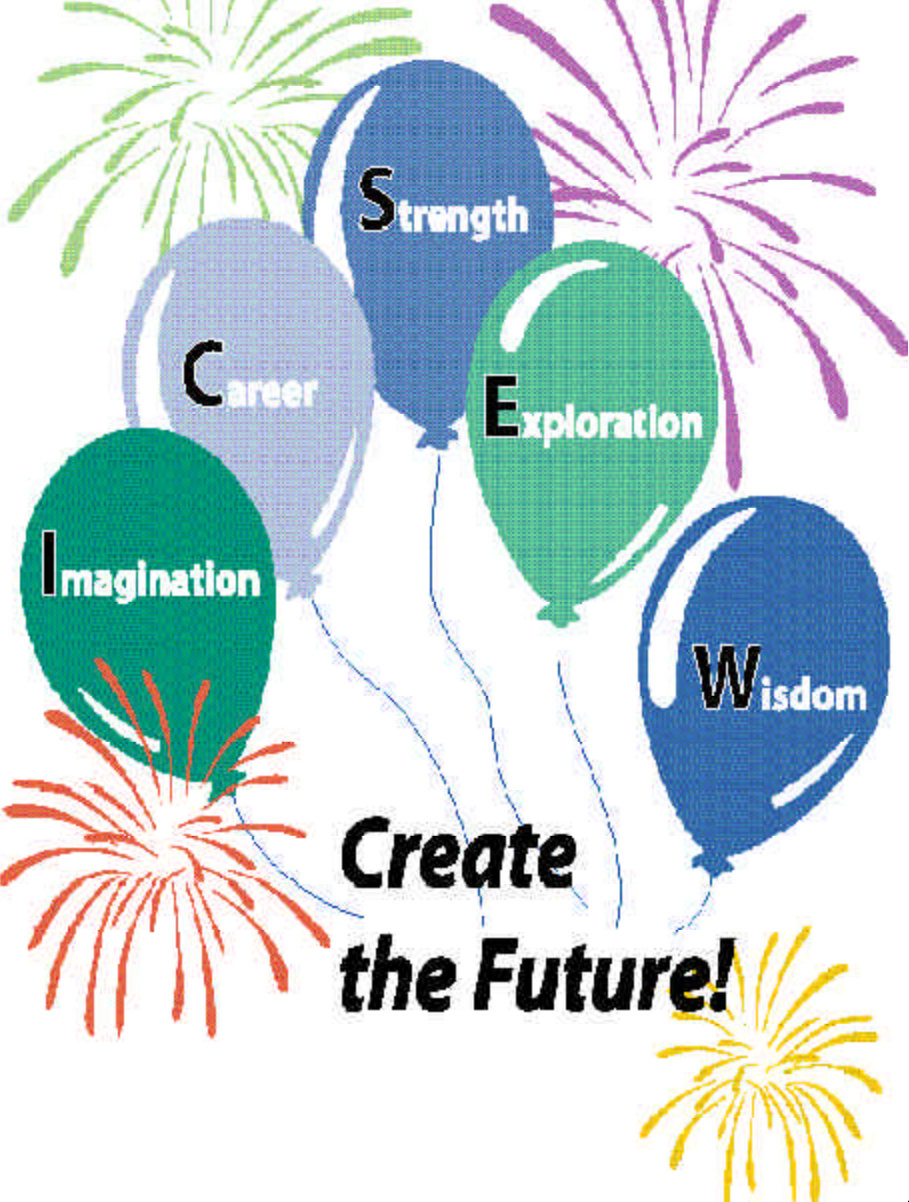
Over 200 health care professionals will be volunteering their time to conduct school presentations on oral safety and dental hygiene. There will also be an emphasis on educational radio spots and informational kits to be used on a statewide basis. The radio ads will a number of dental programs with a special emphasis on Baby Bottle Tooth Decay caused by inappropriate bedtime bottle feedings.

The highly successful Access to Baby and Child Dentistry (ABCD) program is a joint effort between the Department of Social & Health Services/ MAA, the local dental societies and the local communities. Together this group brings badly needed dental care to children previously unable to access care.

Mark Your Calendars . . .

ICSEW Biennial Training Conference
June 4, 5 and 6, 2001
Yakima, WA

Celebrate the Past...



Making Resolutions All Year Long

Have you ever noticed how New Year's resolutions don't seem to last much beyond January 2nd? Maybe we should think about renaming them. If you are like a lot of folks, January 1st is the traditional day for making resolutions for the coming year: I have to lose weight, have to exercise more, take more time for family and friends, attend more concerts, etc. They are usually things you would like to have happen - your hopes and wishes and dreams.

It only takes a couple of days (if that long!) for the resolutions to fall apart. That rich dessert just screams for your attention, and the first day back on the job from the holiday is so full of work, that you go home later than usual. So much for exercise and time with the kids! Those dreams for the future fade away in the reality of the day.

What you need to do is put feet to your dreams. Turn those hopes, wishes and dreams into rock solid, very clear goals. Change the "have to" to "want to" and affirm whatever needs to change in your mind to achieve those goals. Then, visualize the end-result as if it has already happened. Focus your thoughts and self-talk on those vividly pictured end-results, so that your subconscious mind has no choice but to move you toward your goals.

With this method, I can practically guarantee your "resolutions" will no longer be the family joke. Incidentally, you don't have to wait until January 1st each year to do this. It works any one of 365 days a year. So, go for it!

- Lou Tice, The Pacific Institute

Nontraditional Conference

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- ers and Women's programs in recruitment and retention of students in nontraditional training.
- The skilled helper.
- Women in Science and Math and Nontraditional Career.
- Exhibitions: A room full of program information, including brochures, flyers, posters, booths and more.
- Equity strategies to support students in Nontraditional career choices.
- Success stories and role models of young girls or women in nontraditional training and employment.
- How to work with employers to develop student internships and jobs in high tech industry.
- How good people make tough choices?
- Women in Science and Mathematics.




What are you doing to save time?

INTERACT is published by the Communications Committee of the Interagency Committee of State Employed Women (ICSEW).

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